



**Oxford Health Plans
METRO/Direct/EPO/My Plan
New Business Submission
Checklist**

- ___ **Oxford Metro/Direct/EPO/My Plan Group Application**
- ___ **New York Enrollment Form(s)**
- ___ **Notice of Enrollment Periods & Waiver Form(s)
(only when enrolling 1 employee)**
- ___ **Group Qualification Document (NYS-45, K-1, etc...)**
- ___ **First Month's Premium Check Payable to:
Oxford Health Plans**
- ___ **Forms Must Be Submitted to **our** Office
3 days prior to the effective date.**

If you have any questions please contact us